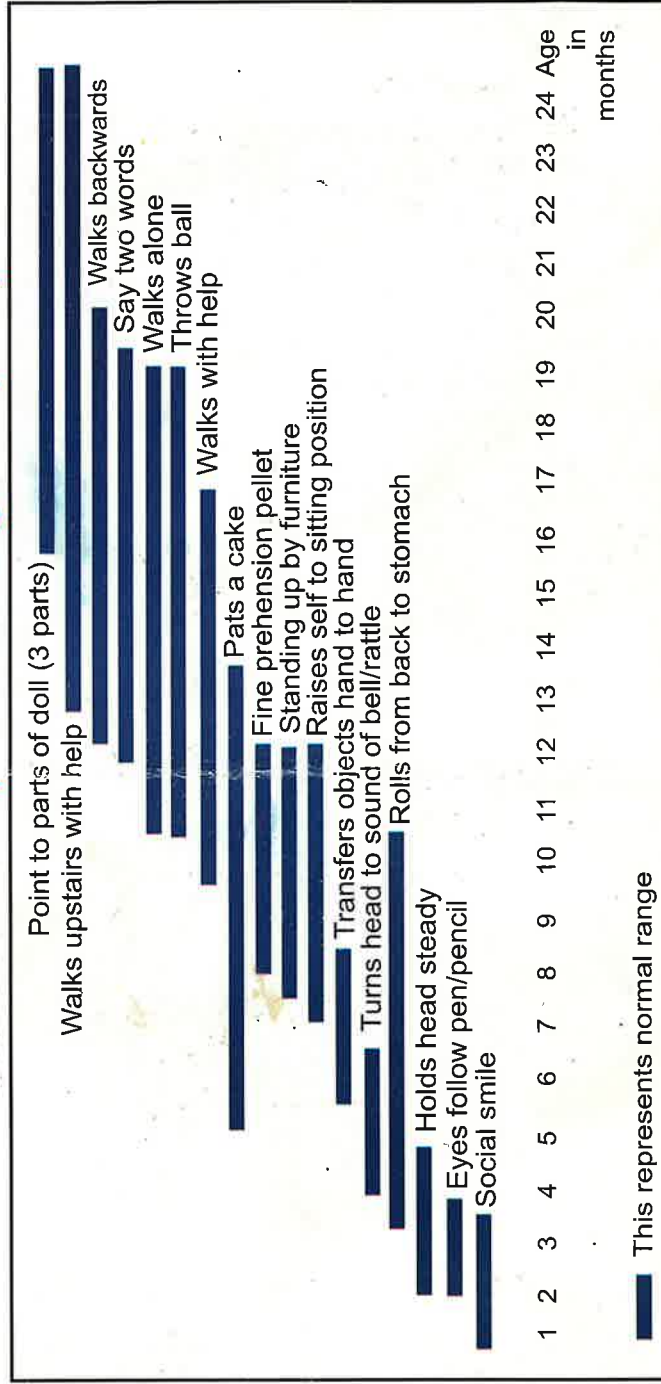


RAILWAY HOSPITAL / PERAMBUR IMMUNIZATION SCHEDULE

AGE	VACCINE	VACCINE		REMARKS
		Due on	Glven on	
Birth	BCG Oral Polio - 0		14/7	
6 Weeks	Triple antigen (DPT) - I Oral Polio - I Hepatitis B - I Hib - I	HC 354 wt. 3.64	27/8/15	
10 Weeks	Triple antigen (DPT) - II Oral Polio - II Hepatitis B - II Hib - II	1.10.14	1.10.14	47
14 Weeks	Triple antigen (DPT) - III Oral Polio - III Hepatitis B - III Hib - III	12.11.14	12.11.14	5.54
9 Months	Measles			
15 Months	MMR			
18 Months	DPT + OPV Hib I Booster			
> 2 Years	Inj. Typhoid [Revaccination every 3years]			
5 Years	DPT + OPV			
10 Years	Inj. Td			
16 Years	Inj. Td			
Optional Vaccines				

- சாதாரண காய்ச்சல், சளி, இருமல், வயிற்றுப்போக்கு இருந்தாலும் தடுப்பு ஊசி தரப்பட வேண்டும்.
- ஏதாவது தடுப்பு ஊசி தவறிவிட்டால் எந்த இடத்தில் விடப்பட்டதோ அதில் இருந்து திரும்ப தொடரப்பட வேண்டும்.

Trivandrum Development Screening Chart (TDSC)



Development Chart

Carolin
8056120902



R2489
SOUTHERN RAILWAY HOSPITAL
PERAMBUR



குழந்தை நல மருத்துவ பிரிவு
குழந்தை நல பதிவேடு

DEPT. OF PEDIATRICS
CHILD HEALTH RECORD



Name : சி. கார்த்திக் - 10
Sex : F. child
Date & Time of Birth : 12/10/2014 at 11:30 AM
Delivery : Normal / Vacuum / Forceps / Caesarean
Birth Weight : 2.55kg Length : 49cm
Head Circumference : 31cm
Father's Name :
Mother's Name :
Employee's Designation :
PF Number :
Siblings : M F

Immunize on Time

My Name: Jaishravi P.

My Birth Date: 12/07/2016

My Staff No: R 2489

My Blood Group: _____



Two Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate
8 mos	7.3kg	70.5cm	43.7cm	36.7T		

Diet:	Breast Milk <input type="checkbox"/>	Formula <input type="checkbox"/>	Mixed <input type="checkbox"/>
	Multi-Vitamin <input type="checkbox"/>	Vitamin D <input type="checkbox"/>	
Development:	Vocalizes <input type="checkbox"/>	Lifts Head <input type="checkbox"/>	Social Smile <input type="checkbox"/>
	Kicks <input type="checkbox"/>	Follows past midline <input type="checkbox"/>	
Safety:	Tobacco <input type="checkbox"/>	Car Seat <input type="checkbox"/>	
	Bath Safety <input type="checkbox"/>	Toys <input type="checkbox"/>	
Parenting:	Fever Control <input type="checkbox"/>	Taking Temperature <input type="checkbox"/>	
	No Bottle in Crib <input type="checkbox"/>		

Vaccination	Given by	Site & Route	Batch No.	Date
Hexa				27/8/14
PCV 1	Simi	(R) thigh	H99186	15/3/15
Rota 1				27/8/14

OPV
Notes:



4 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate

- | | | | | | | |
|---------------------|--------------------|--------------------------|---------------------|--------------------------|--------------|--------------------------|
| Diet: | Breast Milk | <input type="checkbox"/> | Formula | <input type="checkbox"/> | Mixed | <input type="checkbox"/> |
| | Multi-Vitamin | <input type="checkbox"/> | Vitamin D | <input type="checkbox"/> | | |
| Development: | Laughs | <input type="checkbox"/> | Prone Lifts Head | <input type="checkbox"/> | Grasp Rattle | <input type="checkbox"/> |
| | Rolls Over One Way | <input type="checkbox"/> | Head Steady Sitting | <input type="checkbox"/> | | |
| Safety: | Tobacco | <input type="checkbox"/> | Car Seat | <input type="checkbox"/> | Bath Safety | <input type="checkbox"/> |
| | Toys | <input type="checkbox"/> | No Shaking | <input type="checkbox"/> | | |
| Parenting: | Fever Control | <input type="checkbox"/> | Taking Temperature | <input type="checkbox"/> | | |
| | No Bottle in Crib | <input type="checkbox"/> | | | | |

Vaccination	Given by	Site & Route	Batch No.	Date
Penta 1				1/10/14
PCV 2	- Tri Astuti	RA thigh IM	H73047	- 17/05/15
Rota 2				
OPV 1				1/10/14

Notes:



6 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate

Diet:	Breast Milk <input type="checkbox"/>	Formula <input type="checkbox"/>	Mixed <input type="checkbox"/>
	Multi-Vitamin <input type="checkbox"/>	Solids <input type="checkbox"/>	
Development:	Babbles <input type="checkbox"/>	Pulled to Sit <input type="checkbox"/>	Reaches for Objects <input type="checkbox"/>
	Mouth Objects <input type="checkbox"/>	Rolls Over Both Ways <input type="checkbox"/>	
Safety:	Tobacco <input type="checkbox"/>	Child Proof Home <input type="checkbox"/>	Bath Safety <input type="checkbox"/>
	Safe High Chair <input type="checkbox"/>	No Shaking <input type="checkbox"/>	
Parenting:	Talk, Play <input type="checkbox"/>	Bed Time Schedule <input type="checkbox"/>	Offers Cup <input type="checkbox"/>
Dental:	No Bottle in Crib <input type="checkbox"/>	Avoid Sweets <input type="checkbox"/>	Cleaning Gum <input type="checkbox"/>

Vaccination	Given by	Site & Route	Batch No.	Date
Penta 2				12/11/14
PCV3				
OPV2				12/11/14

Notes:



6 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate

Diet:	Breast Milk <input type="checkbox"/>	Formula <input type="checkbox"/>	Mixed <input type="checkbox"/>
	Multi-Vitamin <input type="checkbox"/>	Solids <input type="checkbox"/>	
Development:	Babbles <input type="checkbox"/>	Pulled to Sit <input type="checkbox"/>	Reaches for Objects <input type="checkbox"/>
	Mouth Objects <input type="checkbox"/>	Rolls Over Both Ways <input type="checkbox"/>	
Safety:	Tobacco <input type="checkbox"/>	Child Proof Home <input type="checkbox"/>	Bath Safety <input type="checkbox"/>
	Safe High Chair <input type="checkbox"/>	No Shaking <input type="checkbox"/>	
Parenting:	Talk, Play <input type="checkbox"/>	Bed Time Schedule <input type="checkbox"/>	Offers Cup <input type="checkbox"/>
Dental:	No Bottle in Crib <input type="checkbox"/>	Avoid Sweets <input type="checkbox"/>	Cleaning Gum <input type="checkbox"/>

Vaccination	Given by	Site & Route	Batch No.	Date
Penta 2				12/11/14
PCV3				
OPV2				12/11/14

Notes: _____



12 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate
12 mos.	8.4 kg.	74.8cm	44.5cm	37.1°C		

Diet:	Breast Milk	<input type="checkbox"/>	Formula	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
	Finger Foods	<input type="checkbox"/>	Solids	<input type="checkbox"/>		
Development:	Says Mama	<input type="checkbox"/>	Walks with Help	<input type="checkbox"/>	Hold Cup to Drink	<input type="checkbox"/>
	Bangs Objects	<input type="checkbox"/>	Waves Bye	<input type="checkbox"/>	Understands No	<input type="checkbox"/>
Safety:	Tobacco	<input type="checkbox"/>	Nuts	<input type="checkbox"/>	Child Proof Home	<input type="checkbox"/>
	Hot Water	<input type="checkbox"/>	Pools	<input type="checkbox"/>	Car Seat	<input type="checkbox"/>
Parenting:	Discipline	<input type="checkbox"/>				
Dental:	Tooth Brushing	<input type="checkbox"/>	Avoid Sweets	<input type="checkbox"/>	Bottle Caries	<input type="checkbox"/>

Vaccination	Given by	Site & Route	Batch No.	Date
MMR 1	} Susan	Lt. arm SC	AMJBC796AB	} 27/JULY/2015
Varicella 1		Rt. arm SC	A70CC546A	
Hepatitis A1		Lt. thigh IM	AHAAB792AJ	

Notes:

15 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate
15 months	9.6	80	45.6	36.		

- | | | | | | | | |
|---------------------|-------------------|--------------------------|--------------------|--------------------------|------------------|--------------------------|-----------------------------------|
| Diet: | Breast Milk | <input type="checkbox"/> | Fresh Milk | <input type="checkbox"/> | Table Food | <input type="checkbox"/> | |
| Development: | 3 Word Vocabulary | <input type="checkbox"/> | Walks | <input type="checkbox"/> | Use Cup | <input type="checkbox"/> | |
| | Indicates Wants | <input type="checkbox"/> | 2 Cube Tower | <input type="checkbox"/> | | | |
| Safety: | Tobacco | <input type="checkbox"/> | Teach Hot and Cold | <input type="checkbox"/> | Child Proof Home | <input type="checkbox"/> | Drowning <input type="checkbox"/> |
| | Car Seat | <input type="checkbox"/> | | | | | |
| Parenting: | Self Feeding | <input type="checkbox"/> | Simple Games | <input type="checkbox"/> | Temper Tantrums | <input type="checkbox"/> | |
| Dental: | Tooth Brushing | <input type="checkbox"/> | Avoid Sweets | <input type="checkbox"/> | Bottle Caries | <input type="checkbox"/> | |

Vaccination	Given by	Site & Route	Batch No.	Date
Tetra	ASTUTI	LI. ARM IM	A1409 201A	} 1/11/15
PCV B		LI ARM IM	J13 20V	

Notes: _____



18 Months Visit

Age	Weight	Height	Head Circumference	Temperature	Pulse	Respiratory Rate
18mns	10.9	81	47 cm	36.6		

- | | | | | | | |
|--------------------|------------------|--------------------------|--------------------|--------------------------|-----------------|--------------------------|
| Diet: | Breast Milk | <input type="checkbox"/> | 3 Meal/Day-Snacks | <input type="checkbox"/> | Fresh Milk | <input type="checkbox"/> |
| Developmen: | 4 to 10 Words | <input type="checkbox"/> | Scribbles | <input type="checkbox"/> | Climbs Stairs | <input type="checkbox"/> |
| | Household Chores | <input type="checkbox"/> | Answers Questions | | | |
| Safety: | Tobacco | <input type="checkbox"/> | Electrical Outlets | <input type="checkbox"/> | Hot Water | <input type="checkbox"/> |
| | Drowning | <input type="checkbox"/> | | | | |
| Parenting: | Toilet Training | <input type="checkbox"/> | Play with Others | <input type="checkbox"/> | Temper Tantrums | <input type="checkbox"/> |
| Dental: | Tooth Brushing | <input type="checkbox"/> | Avoid Sweets | <input type="checkbox"/> | Bottle Caries | <input type="checkbox"/> |

Vaccination	Given by	Site & Route	Batch No.	Date
MMR 2	Julap	Lt arm SC	AHW92918AA	27 / 01 / 16
Hepatitis A2		Rt arm IM	AHAV6792AS	
OPV B		Oral	25153	

Notes:

4 – 6 Years Visit

Age	Weight	Height	Blood Pressure	Temperature	Pulse	Respiratory Rate

- Diet:** 3 Meals & Snacks Importance of Breakfast
 Avoid Junk Food
- Development:** Clear Speech Copies Square Throws Ball
 Toilet Trained Tolerates Separation
- Safety:** Tobacco Safety Belts Watch Outdoor Play
 Water Safety Burns
- Parenting:** TV Programs Role Playing School
- Dental:** Tooth Brushing Avoid Sweets Dental Visit

Vaccination	Given by	Site & Route	Batch No.	Date
DTaPB <i>Boostrix</i>	<i>Cathy</i>	<i>LD / IM</i>	<i>AC 370 321 B0</i>	<i>03 / NOV / 2020</i>
Varicella 2		<i>RD / SC</i>	<i>R037006</i>	
OPV B		<i>P.O.</i>	<i>T3 A06</i>	

Notes:
